

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018480

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 87

Primary Registration District No. 4565

Registrar's No. 33

STATE FILE NUMBER

FILED JUN 13 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sullivan</u>		c. CITY OR TOWN <u>Sullivan</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Community</u>		d. STREET ADDRESS (If outside, give location) <u>935 Genevieve</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Rombley</u> Middle <u>Greer</u> Last <u>Gentry</u>		4. DATE OF DEATH Month <u>June</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/17/1910</u>
9. AGE (last birthday) <u>52</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Piston Ring Mfg. Sikeston, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Otis Gentry</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Greer</u>	
14. NAME OF HUSBAND OR WIFE <u>Linda Green Gentry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>4</u>		17. INFORMANT Address <u>Linda Gentry, Sullivan, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Atherosclerotic Disease Coronary Vessels ? YRS</u> DUE TO (c) <u>-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 HRS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10</u> a.m. <u>30</u> p.m. Month, Day, Year <u>1 JAN 1962</u> to <u>6 JUNE 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1 JAN 1962</u> to <u>6 JUNE 1962</u> and last saw her alive on <u>6 JUNE 1962</u> Death occurred at <u>6 JUNE 1962 10 30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R.N. Gentry</u> (Degree or title) <u>MD</u>	
22b. ADDRESS <u>679 FISHER DRIVE</u>		22c. DATE SIGNED <u>8 JUN 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/9/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Mem. Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>H.M. Eaton Sullivan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 8, 1962</u>	
		26. REGISTRAR'S SIGNATURE <u>William Cowan</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/590281
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STATEMENT BY LICENSED EMBALMER

of by _____, Student Embalmer No. _____

Student _____

Signed

Thurman V. Eaton

Licensed Embalmer No. 5066

P. O. Address

Sullivan, Mi

If this body is not embalmed, fact should be so stated above.